

**CITY OF BOULDER BUSINESS LICENSE APPLICATION  
SALES/USE TAX - ADMISSIONS - ACCOMMODATIONS LICENSE**

City of Boulder - Department of Finance  
Sales Tax Office  
P.O. Box 791  
Boulder, Colorado 80306

Official Use Only:  
Zoning Review \_\_\_\_\_ Approved  
\_\_\_\_\_ Denied  
Signature \_\_\_\_\_

Owner Name \_\_\_\_\_

DBA (Doing Business As) \_\_\_\_\_

Business Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Type of Location (Check one)      Commercial      Home Based \*  
(\* Note: If Home Based must also complete a Home Occupation Form)

Type of Business (Check One)  
Sole Proprietor      Corporation      Limited Liability Company  
Partnership      Limited Liability Partnership  
Other (Explain) \_\_\_\_\_

Nature of Business (Describe Briefly) \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Start of Business Operation in Boulder \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year - REQUIRED)

**Contact for Audit Records**

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

**TYPE OF LICENSE**

**Sales & Use Tax License (\$25)**

(For reporting purposes, please check all categories that apply)

Retail	Restaurant
Wholesale	Contractor
Service	Manufacturing

**Admission License (\$25)**

Seating Capacity \_\_\_\_\_

**Accommodation License (\$25)**

Number of Rooms \_\_\_\_\_

**FILING PERIOD (Please indicate which filing period applies)**

**If amount remitted is:**  
Over \$300 per month  
\$15.01 - \$300 per month  
Up to \$15 per month

**Filing period is:**  
Monthly  
Quarterly  
Annual

**SIC CODING** (Please check the category(ies) that best describes your business activity.  
See General Information Regarding Your Business License.)

Food Stores (5400)	Transportation/Utilities (4000)
Eating Places (5800)	Services (7000)
Apparel Stores (5600)	Construction/Contractors (15/16/1700)
Home Furnishings (5700)	Hotels/Lodging (7060)
Consumer Electronics (5734)	Admissions (7970)
Building Material – Retail (5200)	Wholesalers
Automotive Trade (5500)	Manufacturers
General Retail (5900)	Other not listed above
Computer Related Business (3573/7371-7379)	

Please provide a detailed description of the nature of your business:

**OWNER INFORMATION**

Owner Name (Last, First) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

**MAIL TO AND CONTACT PERSON/COMPANY**

Contact Name (Last, First) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

**OTHER INFORMATION**

Federal ID # or Social Security # \_\_\_\_\_

State Tax License # \_\_\_\_\_

I declare under penalty of perjury, that this application has been examined by me and that the statements made herein are to the best of my knowledge and belief, true correct and complete.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

\*\*\*\*\* Please make checks payable to “City of Boulder” \*\*\*\*\*